Case 20-18516 Doc 21 Filed 10/20/20 Page 1 of 22

	Fill in this inform	ation to	identify your case	and th	is filing:				
Debtor 1			hia Jackson						
Debtor 2	First Na	me	Middle	Name	Last Name				
(Spouse, if		me	Middle	Name	Last Name				
United S	states Bankruptcy	Court for	the: DISTRICT (OF MA	RYLAND, GREENBELT DIVIS	ION			
Case nu	mber <u>1:20-bk</u> -	18516							☐ Check if this is an amended filing
	al Form 10 edule A/I		-						12/15
Part 1: 1. Do you	on. If more space is very question. Describe Each Resi	needed, and dence, B	attach a separate sh	eet to th	married people are filing togethe is form. On the top of any additi Estate You Own or Have an Inte ence, building, land, or similar p	rest In			
	51 Rollingdale et address, if available,		scription	What	is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative	oly	the amount	of any secure	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
Са	pitol Heights	MD	20743-5368		Manufactured or mobile home Land		Current va		Current value of the portion you own?
City		State	ZIP Code		Investment property			0,600.00	\$220,600.00
				□ □ Who	Timeshare Other has an interest in the property?	Check one	(such as fe a life estate	e simple, tena e), if known.	our ownership interest ancy by the entireties, or
					Debtor 1 only		Fee Sim	ple	
Cou					Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a r information you wish to add aborty identification number:		(see ins	tructions)	munity property
					gle Family Town Home				
					our entries from Part 1, inclu			ages	\$220,600.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Do not doduct soo	urad claims or examptions. But
the amount of any	secured claims on Schedule D:
Creditors Who Ha	ve Claims Secured by Property.
entire property:	portion you own?
\$2,950	<u>\$2,950.00</u>
ling any entries for pages	\$2,950,00
=>	\$2,950.00
	Current value of the
	portion you own? Do not deduct secured claims or exemptions.
ge mirror,	
, pots, pans	\$400.00
	<u></u>
rinters, scanners; music collec	ctions; electronic devices
er art objects; stamp, coin, or	baseball card collections; other
s, golf clubs, skis; canoes and	kayaks; carpentry tools; musica
	ge mirror, , pots, pans rinters, scanners; music collecter art objects; stamp, coin, or least of the stamp, coin, or least objects; stamp, coin, or least

De	btor 1 Jacks	on, Donnita S	ophia		Case number (if known)	1:20-bk-18516
	_ `	yday clothes, furs	, leather coats, designer w	ear, shoes, accessories		
	□ No					
	Yes. Describe		used wearing apparel	 S		\$600.00
			3 - 1, 1			<u> </u>
	Jewelry Examples: Every No ☐ Yes. Describe		ume jewelry, engagement ı	rings, wedding rings, heirloom j	iewelry, watches, gems, gold,	silver
	■ No	s, cats, birds, hor	ses			
	☐ Yes. Describe	9				
	■ No		•	eady list, including any heal	lth aids you did not list	
	☐ Yes. Give spe	ecific information				
15			our entries from Part 3, i	ncluding any entries for pag	ges you have attached for	\$1,075.00
Pa	rt 4: Describe Yo	ur Financial Asset	e			
			quitable interest in any o	f the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No		ur wallet, in your home, in a	safe deposit box, and on hand	when you file your petition	
					hands	\$50.00
		cking, savings, or tutions. If you ha		ertificates of deposit; shares in the same institution, list each. Institution name:	credit unions, brokerage hous	ses, and other similar
		17.1.	Checking Account	Navy Federal CU		\$1,164.00
	Bonds, mutual t Examples: Bond ■ No □ Yes	d funds, investme		firms, money market accounts	S	
	joint venture	aded stock and i	nterests in incorporated	and unincorporated busines	sses, including an interest i	n an LLC, partnership, and
	■ No □ Yes. Give spe	ecific information	about them			
			me of entity:		% of ownership:	
20.	Negotiable instr	<i>ument</i> s include p	ersonal checks, cashiers' c	and non-negotiable instrum- hecks, promissory notes, and a someone by signing or deliver	money orders.	

Official Form 106A/B Schedule A/B: Property page 3

■ No

De	ebtor 1	Jackson, I	Donnita Sophia		Case number (if known)	1:20-bk-18516
	П Усс	Givo epocific in	nformation about them			
	□ 1es.	Give specific in	Issuer name:			
21.	Retiren Examp ■ No	ment or pension ples: Interests in	on accounts n IRA, ERISA, Keogh, 401(k), 4	403(b), thrift savings accounts, or ot	ther pension or profit-sharing p	lans
	☐ Yes.	List each accou	unt separately. Type of account:	Institution name:		
22.	Your s	hare of all unus		that you may continue service or use public utilities (electric, gas, water), te		or others
	■ No □ Yes.			Institution name or individua	al:	
23.	Annuiti	ies (A contract	for a periodic payment of money	y to you, either for life or for a number	r of years)	
	■ No					
	☐ Yes		Issuer name and description.			
24.	26 U.S.0		tion IRA, in an account in a qu), 529A(b), and 529(b)(1).	ualified ABLE program, or under a	a qualified state tuition progr	am.
	■ No □ Yes		Institution name and description	n. Separately file the records of any ir	nterests.11 U.S.C. § 521(c):	
25.	Trusts,	, equitable or f	future interests in property (o	other than anything listed in line 1), and rights or powers exerc	isable for your benefit
	■ No	•		, ,	,	•
	☐ Yes.	Give specific i	information about them			
26.			trademarks, trade secrets, anomain names, websites, proceed	nd other intellectual property ds from royalties and licensing agreer	ments	
	■ No					
	☐ Yes.	Give specific i	information about them			
27.			ermits, exclusive licenses, coope	es erative association holdings, liquor lic	censes, professional licenses	
		Give specific i	information about them			
M	onev or	property owed	d to you?			Current value of the
IVI	oney or	property ower	a to you:			portion you own? Do not deduct secured claims or exemptions.
28.		funds owed to	you			
	■ No	Civa anasifia in	Aformation about them including	g whether you already filed the returns	a and the toy years	
	☐ res.	Give specific in	normation about them, including	g whether you already filed the returns	s and the tax years	
29.		support ples: Past due d	or lump sum alimony, spousal s	support, child support, maintenance,	, divorce settlement, property s	settlement
	■ No					
	☐ Yes.	Give specific in	nformation			
30.		oles: Unpaid wa	eone owes you ages, disability insurance payme ans you made to someone else	ents, disability benefits, sick pay, vaca	ation pay, workers' compensati	on, Social Security benefits;
	_	Give specific in	nformation			
31.	Examp	ets in insuranc oles: Health, dis		savings account (HSA); credit, home	eowner's, or renter's insurance	
	■ No □ Yes.	Name the insur	rance company of each policy ar	nd list its value.		

Debtor 1	Jackson, Donnita Sophia	Case number (if known)	1:20-bk-18516
	Company name:	Beneficiary:	Surrender or refund value:
If you died.	aterest in property that is due you from someone who has a are the beneficiary of a living trust, expect proceeds from a life in		property because someone has
■ No □ Yes.	Give specific information		
	s against third parties, whether or not you have filed a laws		
_	. Describe each claim		
34. Other ■ No	contingent and unliquidated claims of every nature, includ	ling counterclaims of the debtor and rights to s	et off claims
☐ Yes.	Describe each claim		
■ No	nancial assets you did not already list Give specific information		
	the dollar value of all of your entries from Part 4, including 4. Write that number here		\$1,214.00
Part 5: De	escribe Any Business-Related Property You Own or Have an Inter-	est In. List any real estate in Part 1.	
	own or have any legal or equitable interest in any business-relate o to Part 6.	ed property?	
_	Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
46. Do yo	u own or have any legal or equitable interest in any farm- c	or commercial fishing-related property?	
_	. Go to Part 7.		
⊔ Ye:	s. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above	
	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
_	Give specific information		
	Federal and state Tax refunds-2	2019	\$6,789.00
			1
54. Add	the dollar value of all of your entries from Part 7. Write tha	t number here	\$6,789.00

Deb	tor 1 Jackson, Donnita Sophia			Case number (if known)	1:20-bk-18516
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$220,600.00
56.	Part 2: Total vehicles, line 5		\$2,950.00		
57.	Part 3: Total personal and household items, line 15		\$1,075.00		
58.	Part 4: Total financial assets, line 36		\$1,214.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$6,789.00		
62.	Total personal property. Add lines 56 through 61		\$12,028.00	Copy personal property total	al \$12,028.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$232,628.00

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	Fill in this information to identify your	case:			
De	Donnita Sophia Jackso	On Middle Name		ast Name	
1 -	ebtor 2				
(Sp	oouse if, filing) First Name	Middle Name	L	ast Name	
Un	nited States Bankruptcy Court for the: DIST	RICT OF MARYLAND,	GREE	ENBELT DIVISION	
	ase number 1:20-bk-18516				
(11 K	(riown)				Check if this is an amended filing
\cap	fficial Form 106C				
_		rty Vou Cla	im	ac Evomnt	4/40
<u> </u>	chedule C: The Prope	rty rou Cia	1111	as exempt	4/19
propout	as complete and accurate as possible. If two maperty you listed on Schedule A/B: Property (Office and attach to this page as many copies of Partown).	icial Form 106A/B) as yo	ur sou	irce, list the property that you claim a	as exempt. If more space is needed, fill
spe app fun to a	r each item of property you claim as exempted if collar amount as exempt. Alternatively blicable statutory limit. Some exemptions—ands—may be unlimited in dollar amount. How a particular dollar amount and the value of to blicable statutory amount.	y, you may claim the fu such as those for healt wever, if you claim an e	ıll fair th aid: exem _l	market value of the property beings, rights to receive certain benefit otion of 100% of fair market value	ng exempted up to the amount of any is, and tax-exempt retirement under a law that limits the exemption
Pa	art 1: Identify the Property You Claim as I	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, even	if you	r spouse is filing with you.	
	■ You are claiming state and federal nonbank	kruptcy exemptions. 11	U.S.C	c. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/E	that you claim as exe	mpt, f	ill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	portion you own Copy the value from Check only one box for each exemption.		Specific laws that allow exemption
	Mercedes-Benz	\$2,950.00			Md. Code Ann., Cts. & Jud.
	E320 2004 202819	φ2,930.00	■	100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(5)
	Line from Schedule A/B: 3.1			any approache charactery mine	
	1-bed, 1-sofa, 4-Lamps, 2-Arm	\$400.00			Md. Code Ann., Cts. & Jud.
	chairs, 2-TV's, 1-Large mirror, 1-Rug, 1-refrigerator, Washer & Dryer, Misc dishes, pots, pans and kitchen utensils.		•	100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(4)
	Line from Schedule A/B: 6.1				
	1-used computer	\$75.00			Md. Code Ann., Cts. & Jud.
	Line from Schedule A/B. 7.1			100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(4)
	Misc used wearing apparels	\$600.00			Md. Code Ann., Cts. & Jud.
	Line from Schedule A/B. 11.1		•	100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(5)
	cash on hands	\$50.00			Md. Code Ann., Cts. & Jud.
	Line from Schedule A/B: 16.1		_		Proc. § 11-504(b)(5)

Official Form 106C

100% of fair market value, up to any applicable statutory limit

Deb	tor 1 Jackson, Donnita Sophia		Case number (if known)	1:20-bk-18516	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	Navy Federal CU Line from Schedule A/B: 17.1	\$1,164.00	-	Md. Code Ann., Cts. & Jud.	
	Line from Scriedule A/B. 17.1		■ 100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(5)	
	Federal and state Tax refunds-2019 Line from Schedule A/B 53.1	\$6,789.00	\$6,789.00	Md. Code Ann., Com Law § 15-601.1	
	Ellio Holli Gariagalio 772. Gol 1		☐ 100% of fair market value, up to any applicable statutory limit		
	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 y ■ No □ Yes. Did you acquire the property covered □ No □ Yes	years after that for case	s filed on or after the date of adjustment.)		

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	Fill in thi	s information to iden	tify your case:					
Debt	or 1	Donnita Sophia	Jackson					
		First Name	Middle Name	Last Name		-		
Debt	or 2 se if, filing)	First Name	Middle Name	Last Name		_		
` .					DIVIGION			
Unite	ed States Ba	nkruptcy Court for the:	DISTRICT OF MARYLAND, GR	KEENBELI	DIVISION	-		
	_	1:20-bk-18516						
(if kno	wn)						_	if this is an
							amend	led filing
Offi	cial Forn	n 106D						
Sch	nedule	D: Creditors	Who Have Claims S	Secure	ed by Propert	У		12/15
	d, copy the A		If two married people are filing togethe t, number the entries, and attach it to t					
1. Do	any creditors	have claims secured by	your property?					
	☐ No. Check	this box and submit th	is form to the court with your other so	hedules. Yo	ou have nothing else to re	eport	on this form.	
I	Yes. Fill in	all of the information b	elow.					
Part	1: List Al	II Secured Claims						
			more than one secured claim, list the cred				olumn B	Column C
			a particular claim, list the other creditors cal order according to the creditor 's nam		Amount of claim Do not deduct the	th	alue of collateral at supports this	Unsecured portion
	Madison I	Management			value of collateral.	cl	aim	If any
2.1	Services	Management	Describe the property that secures the	he claim:	\$57,000.00		\$220,600.00	\$22,400.00
	Creditor's Name		Single Family Town Home to aat 4751 Rolling Dale Way O Heights, MD 20743					
	4600 Kiet	zke Ln Ste	As of the date you file, the claim is:	Check all that				
		89502-5033	apply. Contingent					
	Number, Street	, City, State & Zip Code	■ Unliquidated					
			☐ Disputed					
_		ebt? Check one.	Nature of lien. Check all that apply.					
_	ebtor 1 only ebtor 2 only		 An agreement you made (such as n car loan) 	mortgage or s	ecured			
_	ebtor 1 and De	•	Statutory lien (such as tax lien, med	chanic's lien)				
		he debtors and another	Judgment lien from a lawsuit	Cocond	Martenago			
	neck if this cl community de	aim relates to a bt	Other (including a right to offset)	Second I	wortgage			-
Date	debt was inci	urred 12/29/2006	Last 4 digits of account numb	per 2368	3			

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Debtor 1 Donnita Sophia Jackso	n	Case number (if known)	1:20-bk-18516	
First Name Middle N	ame Last Name			
2.2 Nation Star/Mr Cooper	Describe the property that secures the claim:	\$186,000.00	\$220,600.00	\$0.00
8950 Cypress Waters Blvd Coppell, TX 75019-4620	Single Family Town Home located at: 4751 Rolling Dale Way Capital Heights, MD 20743 As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) First Mo	ortgage		
Date debt was incurred 12/29/2006	Last 4 digits of account number 939	95		
Add the dollar value of your entries in Col If this is the last page of your form, add th Write that number here: Part 2: List Others to Be Notified for	. 0	\$243,000.0 \$243,000.0	-	
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an you listed in Part 1, list the additional creditors l is page.	d then list the collection agei	ncy here. Similarly, if you ha	ive more
Name, Number, Street, City, State & 2, Quality 1 Property Mgmt, 9420 Annapolis Rd Lanham Seabrook, MD 207	LLC Las	which line in Part 1 did you ent		

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					Ü		
Fill in this	information to identify you	ır case:					
Debtor 1	Donnita Sophia J	ackson					
	First Name	Middle Nar	me Last Name	Э			
Debtor 2 (Spouse if, filing)	First Name	Middle Nar	me Last Name	9			
United States	Bankruptcy Court for the:	DISTRICT OF	F MARYLAND, GREENBEL	T DIVIS	SION		
Case numbe	r 1:20-bk-18516						
(if known)			•				Check if this is an
						a	mended filing
Official F	orm 106E/F						
	e E/F: Creditors W	ho Havo I	Uncocured Claim				12/15
	e and accurate as possible. Use				2 for graditors with NONDRI	ODITY clair	
the Continuation case number (i	ho Have Claims Secured by Pr on Page to this page. If you hav if known). st All of Your PRIORITY Un	e no information	n to report in a Part, do not file				
	editors have priority unsecured						
■ No. Go	to Part 2.						
☐ Yes.							
Part 2:	st All of Your NONPRIORIT	Y Unsecured C	claims				
3. Do any cr	editors have nonpriority unsec	ured claims aga	inst you?				
☐ No. Yo	u have nothing to report in this pa	art. Submit this fo	rm to the court with your other s	chedule	S.		
Yes.							
unsecured	your nonpriority unsecured cla claim, list the creditor separately reditor holds a particular claim, li	for each claim. F	or each claim listed, identify wh	at type o	of claim it is. Do not list claims	already inc	luded in Part 1. If more
							Total claim
4.1 Cap	ital One Bank USANA		Last 4 digits of account numb	er 9:	211		\$3,200.00
	riority Creditor's Name						40,200.00
DO I	Day 20205	,	When was the debt incurred?	0	8/12/2014		_
_	Box 30285 Lake City, UT 84130-02	85					
Numb	per Street City State Zip Code		As of the date you file, the clai	im is: C	heck all that apply		
Who	incurred the debt? Check one.						
■ De	ebtor 1 only		☐ Contingent				
□ De	ebtor 2 only		☐ Unliquidated				
□ De	ebtor 1 and Debtor 2 only		☐ Disputed				
☐ At	least one of the debtors and and	uiei	Type of NONPRIORITY unsect	ıred cla	im:		
	heck if this claim is for a comm	ilullity	Student loans				
debt Is the	claim subject to offset?		\square Obligations arising out of a speport as priority claims	eparatio	n agreement or divorce that ye	ou did not	
■ No			Debts to pension or profit-sha	aring pla	ans, and other similar debts		
■ No			Other. Specify	~g pic	and other difficult debte		
⊔ Y€	<i>=</i> 5		u other, specify				-

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Debtor	Jackson, Donnita Sophia		Case number (if known)	1:20-bk-18516	
4.2	Citi Cards/Citibank Nonpriority Creditor's Name	Last 4 digits of account number	0432		\$5,600.00
	PO Box 6241	When was the debt incurred?	05/28/2017		
-	Sioux Falls, SD 57117-6241 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce th	nat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	Yes	Other. Specify			
4.3	Citi Cards/Citibank Nonpriority Creditor's Name	Last 4 digits of account number	1627		\$3,100.00
	Nonpriority Creditor's Name	When was the debt incurred?	10/14/2019		
	PO Box 6241 Sioux Falls, SD 57117-6241		101142010		
·	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce th	nat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	Yes	Other. Specify			
4.4	Citi Cards/Citibank Nonpriority Creditor's Name	Last 4 digits of account number	4809		\$6,000.00
	Nonpholity Orealor 3 Name	When was the debt incurred?	02/18/2019		
	PO Box 6241				
	Sioux Falls, SD 57117-6241				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	_	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce th	at you did not	
	Is the claim subject to offset?	report as priority claims	or plane, and other similar dela	to.	
	■ No	Debts to pension or profit-sharin		15	
	Yes	Other. Specify Home Dep	ot		

Official Form 106 E/F

Debtor	1 Jackson, Donnita Sophia		Case number (f known)	1:20-bk-18516	
4.5	Credit One Bank NA	Last 4 digits of account number	9481		\$550.00
	Nonpriority Creditor's Name	When was the debt incurred?	10/22/2019		
	PO Box 98875 Las Vegas, NV 89193-8875 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	As of the date you file, the claim ☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	aration agreement or divorce	bts	
4.6	Granite State Mgmt-DIR	Last 4 digits of account number	9715		\$146,410.00
	Nonpriority Creditor's Name	When was the debt incurred?			
	PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify	d claim: aration agreement or divorce	bts	
4.7	Macy/DSNB	Last 4 digits of account number	9481		\$7,100.00
	Nonpriority Creditor's Name PO Box 8218	When was the debt incurred?	08/17/2016		
	Mason, OH 45040-8218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar de	bts	
	☐ Yes	Other. Specify			

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Debtor	¹ Jackson,	Donnita Sophia		Case no	umber (f known)	1:20-bk-18516	5
4.8	Navy Feder	ral Credit Union	Last 4 digits of account number	5396	<u> </u>		\$25,000.00
	Nonpriority Cre	uitoi s ivame	When was the debt incurred?	11/21	1/2016		
-	Number Street	VA 22119-3700 City State Zip Code	As of the date you file, the claim	is: Check	all that apply		
	_	the debt? Check one.	П о				
	Debtor 1 on		Contingent				
	Debtor 2 on	•	Unliquidated				
	Debtor 1 and	,	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
		of the debtors and another	Student loans	u ciaiii.			
	debt	is claim is for a community	☐ Obligations arising out of a sepa	aration ag	reement or divorce	that you did not	
	_	bject to offset?	report as priority claims Debts to pension or profit-sharir	a plone	and other similar de	hto	
	■ No			ig piaris, a	and other similar de	DIS	
	Yes		Other. Specify			_	
4.9	Navy Feder	ral Credit Union	Last 4 digits of account number	4877			\$34,000.00
	Nonpriority Cre	altor's Name	When was the debt incurred?	06/13	3/2019		
	PO Box 370					_	
-	Merrifield,	VA 22119-3700 City State Zip Code	As of the date you file, the claim	ie: Chack	all that apply		
		the debt? Check one.	As of the date you me, the claim	is. Check	сан шасарру		
	Debtor 1 on		☐ Contingent				
	Debtor 2 on		☐ Unliquidated				
	Debtor 1 and	·-	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce	that you did not	
	■ No		Debts to pension or profit-sharing	ng plans, a	and other similar de	bts	
	Yes		Other. Specify				
Part 3:	List Others	s to Be Notified About a Debt T	hat You Already Listed				
5. Use th	is page only if y	you have others to be notified abo	ut your bankruptcy, for a debt that y				
have n	nore than one o		one else, list the original creditor in ou listed in Parts 1 or 2, list the addi ubmit this page.				
Part 4:	Add the Ar	mounts for Each Type of Unse	cured Claim				
	the amounts of f unsecured cla		s. This information is for statistical r	eporting	purposes only. 28	U.S.C. §159. Add the	e amounts for each
					Total	Claim	
	6a.	Domestic support obligations		6a.	\$	0.00	
Total cla		Taxes and certain other debts ye	ou owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal inju	=	6c.	\$	0.00	
	6d.	Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$	0.00	
					Total	Claim	_
Total cla	6f.	Student loans		6f.	\$	149,610.00	
from Pa			aration agreement or divorce that	60	\$	0.00	
	6h.	you did not report as priority cla Debts to pension or profit-sharii	ims ng plans, and other similar debts	6g. 6h.	\$ ————	0.00	

0.00

Case 20-18516 Doc 21 Filed 10/20/20 Page 15 of 22

Debtor 1 Jackson, Donnita Sophia Case number (f known) 1:20-bk-18516 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6j. Total Nonpriority. Add lines 6f through 6i. 6j. \$ 230,960.00

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Fill in th							
Debtor 1 Donnita Sophia Jackson							
	First Name	Middle Name	Last Name)		
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLA	ND, GREENBELT DIVISION				
Case number 1:20-bk-18516							
(if known)					Check if this is an amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Mercedes Benz Mercedes-Benz Financial Services PO Box 5209 Carol Stream, IL 60197-5209 Auto Lease-Mercedes C-300 Four Door Sedan

F	III in this information to identi	fy your case:			
Debtor 1	Donnita Sophia	Jackson			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
	ates Bankruptcy Court for the:	DISTRICT OF MARYL	AND, GREENBELT DIVIS	SION	
Officed Sta	ates Bankruptcy Court for the.	DIGITATO OF WARTER	AND, OKCENDEET DIVIC	51014	
Case num	tber 1:20-bk-18516				
(II KNOWN)					☐ Check if this is an amended filing
					amended ming
Officia	l Form 106H				
Sched	dule H: Your Cod	ebtors			12/15
are filing t and numb	ogether, both are equally resp	oonsible for supplying co the left. Attach the Addit	orrect information. If mo	re space is needed, c	e as possible. If two married people opy the Additional Page, fill it out, ditional Pages, write your name and
1. Do	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse as	a codebtor.	
■ No					
	thin the last 8 years, have you rnia, Idaho, Louisiana, Nevada				states and territories include Arizona,
_				,	
	. Go to line 3.	and the second s	of the control of the control		
⊔ Ye:	s. Did your spouse, former spou	se, or legal equivalent live v	with you at the time?		
line 2	again as a codebtor only if the schedule E/F (Official Form	nat person is a guarantor	or cosigner. Make sure	you have listed the c	with you. List the person shown in reditor on Schedule D (Official Form lle E/F, or Schedule G to fill out
	Column 1: Your codebtor	1D 0 1			editor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedul	es that apply:
3.1				☐ Schedule D, lin	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, lir	
3.2	Name			_ ☐ Schedule D, III	
				☐ Schedule G, lir	
	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your case	se:					
Del	otor 1 Donnita Sop	hia Jackson					
_	otor 2						
Uni	ted States Bankruptcy Court for the:	DISTRICT OF MARYI	LAND, GREENBELT DIVISI	ION_			
	1:20-bk-18516		-				chapter 13
0	fficial Form 106I				MM / DD/ Y		
S	chedule I: Your Inco	me			IVIIVI / DD/ Y	111	12/15
sup spo atta	es complete and accurate as possibility in general securation of the policy in grant of the securation	re married and not filin spouse is not filing wit	g jointly, and your spouse h you, do not include info	is living with is is living with the second	you, includ t your spou	de information about y se. If more space is ne	our eded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed		☐ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not er	mployed	
	employers. Include part-time, seasonal, or	Occupation	Emergency Medical Technician				
	self-employed work.	Employer's name	DC Fire and EMS De	partment			
	Occupation may include student or homemaker, if it applies.	Employer's address	2000 14th St NW Washington, DC 200	09-4473			
		How long employed th	nere? 17 years		_		
Par	t 2: Give Details About Mont	hly Income					
unle	mate monthly income as of the dat ss you are separated.	,		,	'	•	0 1
	u or your non-filing spouse have more ce, attach a separate sheet to this form		oine the information for all en	npioyers for the	at person on	the lines below. If you no	eea more
				For D	ebtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2. \$	7,883.14	\$N/A	-
3.	Estimate and list monthly overting	ne pay.	;	3. +\$	0.00	+\$ <u>N/A</u>	_
4.	Calculate gross Income. Add line	2 + line 3.	•	4. \$	883.14	\$ <u>N/A</u>	

Official Form 106l Schedule I: Your Income page 1

Debt	tor 1	Jackson, Donnita Sophia	_		Cas	e number (<i>if kn</i>	own)	1:20-	bk-185	516	
	Con	ny line 4 hore	1			r Debtor 1	44	non-	Debtor : filing s	pouse	
	Cop	by line 4 here	4.		\$_	7,883	.14	\$		N/A	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	1,984		. \$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$_		.00	. \$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$_		.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_		.00	·		N/A	_
	5e.	Insurance	5e		\$_		.53	·		N/A	_
	5f.	Domestic support obligations Union dues	5f.		\$ \$.00	·		N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h	j. 1.+	φ \$.00	· + \$—		N/A N/A	_
		· · ·		1.∓	· -			· :—			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	2,063		\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,819	.95	\$		N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$	O	.00	\$		N/A	
	8b.	Interest and dividends	8b		\$.00	·		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c	: .	\$.00	\$		N/A	_
	8d.	Unemployment compensation	8d	d.	\$	0	.00	\$ <u></u>	-	N/A	_
	8e.	Social Security	8e	€.	\$	0	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0	.00	\$		N/A	
	8g.	Pension or retirement income	8g	J.	\$_		.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$_	0	.00	+ \$		N/A	<u> </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0	.00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	Φ.		5,819.95	_ ¢		N/A	= \$	5,819.95
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		3,619.93	Τ_Ψ		IN/A		3,613.33
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avecify:	lepende				•		ıle J. 11.	+\$	0.00
12.		It the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain							_S 12.	\$	5,819.95
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?							Combi month	ned ly income
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

ΕШ	in this informe	tion to identify you	ır casa:					
Dec	otor 1	Donnita Sopl	hia Jacks	son		Che	eck if this is: An amended filin	q
	otor 2							owing postpetition chapter 13
(Sp	ouse, if filing)						expenses as of th	e following date:
Unit	ted States Bankr	uptcy Court for the:	DISTRIC	T OF MARYLAND, GREEN	ENBELT		MM / DD / YYYY	
	nown)	20-bk-18516						
		rm 106J						
S	chedule	J: Your E	Expens	ses				12/1
info (if I	ormation. If me known). Answ	ore space is need er every question	ded, attacl n.	two married people are n another sheet to this fo				r supplying correct our name and case numbe
Par 1.	Is this a join	ibe Your Househ it case?	nold					
	■ No. Go to	line 2. s Debtor 2 live in	a separat	e household?				
	□ N □ Y	~	t file Officia	l Form 106J-2, Expenses	for Separate Househ	oldof Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□No
	dependents				Son		22 yrs	Yes
								□ No ■ Yes
								_ □ res □ No
								_
								□ No
3.	expenses of	enses include f people other tha d your dependen		No Yes			_	_ □ Yes
Par	t 2. Estim	ate Your Ongoin	a Monthly	Fynenses				
Est	imate your ex	penses as of you	ur bankrup	otcy filing date unless your is filed. If this is a supple				
				overnment assistance if y I it on Schedule I: Your I				
(Of	ficial Form 10	6I.)					Your ex	rpenses
4.		r home ownersh d any rent for the g		es for your residence. In	clude first mortgage	4.	\$	1,503.93
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's,	or renter's	insurance		4b.	·	0.00
		maintenance, rep				4c.	·	110.00
5.		owner's association		ominium dues I r residence, such as hom	ne equity loans	4d. 5.		0.00 375.00

Debtor 1	ackson, Donnita Sophia	Case num	ber (if known)	1:20-bk-18516
6. Utilities	:			
	lectricity, heat, natural gas	6a.	\$	300.00
6b. V	Vater, sewer, garbage collection	6b.	\$	110.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	225.00
6d. C	Other. Specify:	6d.	\$	0.00
7. Food a	nd housekeeping supplies	- 7.	\$	400.00
3. Childca	re and children's education costs	8.	\$	0.00
. Clothin	g, laundry, and dry cleaning	9.	\$	250.00
0. Person	al care products and services	10.	\$	175.00
1. Medica	I and dental expenses	11.	\$	150.00
2. Transp	ortation. Include gas, maintenance, bus or train fare.			
	nclude car payments.	12.	\$	350.00
Enterta	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	116.00
4. Charita	ble contributions and religious donations	14.	\$	50.00
5. Insura n				
	nclude insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	
	ife insurance	15a.		0.00
	lealth insurance	15b.	·	0.00
	ehicle insurance	15c.	\$	313.00
	Other insurance. Specify:	15d.	\$	0.00
Taxes. Specify:	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	nent or lease payments:		<u> </u>	0.00
17a. C	ar payments for Vehicle 1	17a.	\$	599.93
17b. C	ar payments for Vehicle 2	17b.	\$	0.00
17c. C	other. Specify: cosmetics/haircare	17c.	\$	200.00
17d. C	Other. Specify:	17d.	\$	0.00
	syments of alimony, maintenance, and support that you did not report as		•	0.00
	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		
_	ayments you make to support others who do not live with you.	19.	\$	300.00
	college son's expenses eal property expenses not included in lines 4 or 5 of this form or on Schedul		r Incomo	
	lortgages on other property	20a.		0.00
	eal estate taxes	20b.	·	0.00
	roperty, homeowner's, or renter's insurance	20c.		0.00
	faintenance, repair, and upkeep expenses	20d.	· -	0.00
	lomeowner's association or condominium dues		\$	42.00
1. Other: \$		21.	·	
i. Other.	эреспу. 	_ 21.	+Φ	0.00
Calcula	te your monthly expenses			
22a. Ad	d lines 4 through 21.		\$	5,569.86
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	d line 22a and 22b. The result is your monthly expenses.		\$	5,569.86
3. Calcula	te your monthly net income.			
	copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,819.95
	copy your monthly expenses from line 22c above.	23b.	-\$	5,569.86
	ubtract your monthly expenses from your monthly income.			050.00
Т	he result is your monthly net income.	23c.	\$	250.09
For exam	expect an increase or decrease in your expenses within the year after you finner, do you expect to finish paying for your car loan within the year or do you expect your maion to the terms of your mortgage?			ase or decrease because of a
	Explain here:			
☐ Yes.	Lypiaiii neie.			

Fill in this information to	identify your case:		
	Sophia Jackson		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name	
United States Bankruptcy Cod	irt for the: DISTRICT OF MARYI	LAND, GREENBELT DIVISION	
Case number 1:20-bk-18	516		
(if known)			☐ Check if this is an amended filing
If two married people are filir	ng together, both are equally respo ever you file bankruptcy schedule by fraud in connection with a ban		
Did you pay or agree to	pay someone who is NOT an atto	rney to help you fill out bankruptcy	forms?
■ No			
Yes. Name of person	on		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury that they are true and co	•	nmary and schedules filed with this	declaration and
X /s/ Donnita Soph	a Jackson	Х	
Donnita Sophia Signature of Debtor	ackson	Signature of Debtor 2	
Date October 19	, 2020	Date	